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CONFIRMATION NO. 4667

Bib Data Sheet

SERIAL NUMBER 09/925,826	FILING DATE 08/09/2001 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 00167-428001
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/13/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	Initials	MA	10	26	2

ADDRESS

SMITH & NEPHEW, INC
 1450 BROOKS ROAD
 MEMPHIS, TN
 38116

TITLE

Endoscope with imaging probe

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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